| CLAIMS ONLY | | | Application Number | | Filing Date | |

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT									
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	√						51						
2		1					52						
3		1					53						
4							54						
5	1						55						
6		1					56						
7		1					57						
8							58						
9	1						59						
10							60						
11	1						61						
12							62						
13							63						
14							64						
15							65						
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36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep							Total Indep						
Total Depend							Total Depend						
Total Claims							Total Claims						